

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99632 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Yuchter

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, 9 Months, 10 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } 2440 Allisanna St

Cause of Death, { First (Primary), Second (Immediate), } Gastritis
Convulsion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, May 6th 87

Undertaker, E. Frank

E. Prichard

M. D.

Medical Attendant.

Place of Business, Gontz & Wolf Address, 2830 O' Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99633 Office of Registrar of Vital Statistics. Ward 62

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C

Date of Death, May 4, 1887
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Henderson
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 8 Years, _____ Months, _____ Days.
Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, X X

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 219 Ct Pat. Park Ave.

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Paralysis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Old Mt. C. Cem.

Date of Burial, May 8th 87

Undertaker, E. Francis

James E. Dornelle M. D.
Medical Attendant.

Place of Business, Frank & Wolfe Address, 1701 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OTHER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99634 Office of Registrar of Vital Statistics. Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Boly

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 75 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } widow

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give Street and Number. } 13 S. Durham st

Cause of Death, { First (Primary), Anasarca
Second (Immediate),

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, May 6th 87

{ Undertaker, E. Franco } P. B. Gauseh M. D. Medical Attendant.

{ Place of Business, Fork & Wolfe } Address, 1727 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99635 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 5th 1887

Full Name of Deceased, Katie Kochler

Sex, Male or Female, female

Age, 1 Years, 3 Months, 1 Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, 234 S. Chapel St

Cause of Death, Meningitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 6th 87

Undertaker, E. Francis

Place of Business, Zantz & Wolfe Address, 1727 E. Balto. ch.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99636 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 5

Full Name of Deceased, Charles W. Schuman
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, white Years, 27 Months, 17 Days.

Color, white

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Since birth

Birth Place, No. 906 Burgundy ally
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, No. 906 Burgundy ally
{ Give Street and Number. }

Cause of Death, Infantile unknown
{ First (Primary) Second (Immediate) }

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Ceme

Date of Burial, May 6/87

Undertaker, Wm. Dickerson M. D.

Place of Business, 221 E. Baltimore Address, Dr. Columbia & Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9943 Office of Registrar of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, May 6th 1887

Full Name of Deceased, Albert Buenger
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 Years, 8 Months, 1 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bar

Birth Place, Balt
{State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, No. 1400 Gough St. Eden
{Give Street and Number.}

Cause of Death, Spasm
First (Primary),
Second (Immediate),

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, MT Carmel Cemetery

Date of Burial, May 6th

Undertaker, Wm J Schaeffer John A. Schutte M. D.
Medical Attendant.

Place of Business, 18 Front St Address, 18 Front St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

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Health Department, City of Baltimore.

Permit No. 99638 Office of Registrar of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, May 24 1887

Full Name of Deceased, Henderson A. Fair
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 45 Years, _____ Months, _____ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, Single
{ Cross out the words not required in this line. }

Occupation, Tailor

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 23 N. Caroline
{ Give Street and Number. }

Cause of Death, Softening of Brain, White, Secondary
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 27 1887

Undertaker, Henry H. Mears

Place of Business, # 413 E. Fayette St. Address, 711 N. Calvert St.

Geo. B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99639 Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Julie Grant.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 4 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 76 Ch^{ce} Elderry St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto., Cem.

Date of Burial, May 6. 1887.

{ Undertaker, Wm. H. Hickman.

{ Place of Business, 234 N. Gay. Address, 137 N. E.

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 9040
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99640 Office of Registrar of Vital Statistics.

Ward 13ⁿ

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Coleman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 19 Years, Months, Days.

Color, Black

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Tuberculosis pulmonum

Second (Immediate), Exhaustion

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Sharpes Cemetery

Date of Burial, May 6, 1887

Undertaker, Alex Henry

Place of Business, 511 Orchard St

C. W. Mitchell M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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HEALTH-DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99641 Office of Registrar of Vital Statistics.

Ward 3²

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Steiner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, _____ years

Place of Death, { Give Street and Number. } 35⁵ Dallas St.

Cause of Death, { First (Primary), Second (Immediate), } Paralysis of heart

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, May 8th 1887

Undertaker, Fred Goode

Place of Business, 102 S. Caroline Address, _____

J. H. Hollenberg M. D.
Medical Attendant.

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[OVER.]